COLONIAL MANOR MEDICAL/REHABILITATION CENTER

1010 EAST WAUSAU AVENUE WAUSAU 54403 Phone: (715) 842-2028 Ownership: Limited Liability Partnership Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skill Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 148 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 150 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 144 Average Daily Census: 144 Skilled ************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Supp. Home Care-Household Services No | Developmental Disabilities 1.4 | Under 65 8.3 | More Than 4 Years
Day Services No | Mental Illness (Org./Psy) 5.6 | 65 - 74 6.9 | 20.8 No | Mental Illness (Org./Psy) 5.6 | 65 - 74 Respite Care Adult Day Care Respite Care No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over 9.7 | Full-Time Equivalent
No | Cancer 1.4 | ----- | Nursing Staff per 100 Residents
No | Fractures 11.1 | 100.0 | (12/31/02) Adult Day Health Care Congregate Meals

Congregate Meals

Home Delivered Meals

No | Fractures

1.4 | ---- | Nursing Staff per 100 Residents

Home Delivered Meals

No | Fractures

11.1 | 100.0 | (12/31/02)

Other Meals

No | Cardiovascular

Transportation

No | Cerebrovascular

No | Diabetes

Yes | Respiratory

Provide Day Programming for

No | Other Medical Conditions

1.4 | ---- | Nursing Staff per 100 Residents

100.0 | (12/31/02)

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(12 ---- | Female 70.8 | 100.0 | 100.0 | Mentally Ill Provide Day Programming for

Developmentally Disabled No | ******************

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care								
Level of Care	No.	olo	Per Diem (\$)	No.	o _o	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	3	2.9	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.1
Skilled Care	24	100.0	295	99	97.1	111	0	0.0	0	17	100.0	161	0	0.0	0	1	100.0	344	141	97.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		102	100.0		0	0.0		17	100.0		0	0.0		1	100.0		144	100.0

COLONIAL MANOR MEDICAL/REHABILITATION CENTER

********	*****	******	*****	****	*****	********	******		
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period									
					% Needing		Total		
Percent Admissions from:		Activities of	양	As	sistance of	% Totally	Number of		
Private Home/No Home Health	5.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	5.6	Bathing	0.0		86.8	13.2	144		
Other Nursing Homes	2.8	Dressing	20.1		72.2	7.6	144		
Acute Care Hospitals	86.4	Transferring	35.4		47.9	16.7	144		
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.1		56.9	16.0	144		
Rehabilitation Hospitals	0.0	Eating	79.2		13.9	6.9	144		
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	******	*****	******	*****	******		
Total Number of Admissions	213	Continence		%	Special Treat	ments	90		
Percent Discharges To:		Indwelling Or Extern	nal Catheter	20.1	Receiving R	espiratory Care	11.8		
Private Home/No Home Health	53.1	Occ/Freq. Incontine	nt of Bladder	31.9	Receiving T	racheostomy Care	0.0		
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	24.3	Receiving S	uctioning -	0.0		
Other Nursing Homes	5.2				Receiving O	stomy Care	4.2		
Acute Care Hospitals	12.7	Mobility			Receiving T	ube Feeding	2.1		
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.1	Receiving M	echanically Altered Diets	38.9		
Rehabilitation Hospitals	0.0	i			,	-			
Other Locations	4.2	Skin Care			Other Residen	t Characteristics			
Deaths	24.9	With Pressure Sores		4.9	Have Advanc	e Directives	100.0		
Total Number of Discharges		With Rashes		3.5	Medications				
(Including Deaths)	213	İ			Receiving P	sychoactive Drugs	54.2		

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	mhi c	Ownership: nis Proprietary		Bed Size: 100-199		Licensure:		7. 1	1			
						Skilled		All Facilities				
	Facility		Group		Group		Group					
	8	ojo	Ratio	%	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licens	ed Beds 96.0	84.7	1.13	85.7	1.12	85.3	1.13	85.1	1.13			
Current Residents from In-County	89.6	81.6	1.10	81.9	1.09	81.5	1.10	76.6	1.17			
Admissions from In-County, Still Residing	24.4	17.8	1.37	20.1	1.22	20.4	1.20	20.3	1.20			
Admissions/Average Daily Census	147.9	184.4	0.80	162.5	0.91	146.1	1.01	133.4	1.11			
Discharges/Average Daily Census	147.9	183.9	0.80	161.6	0.92	147.5	1.00	135.3	1.09			
Discharges To Private Residence/Average Dai	ly Census 78.5	84.7	0.93	70.3	1.12	63.3	1.24	56.6	1.39			
Residents Receiving Skilled Care	100	93.2	1.07	93.4	1.07	92.4	1.08	86.3	1.16			
Residents Aged 65 and Older	91.7	92.7	0.99	91.9	1.00	92.0	1.00	87.7	1.05			
Title 19 (Medicaid) Funded Residents	70.8	62.8	1.13	63.8	1.11	63.6	1.11	67.5	1.05			
Private Pay Funded Residents	11.8	21.6	0.55	22.1	0.53	24.0	0.49	21.0	0.56			
Developmentally Disabled Residents	1.4	0.8	1.74	0.9	1.51	1.2	1.18	7.1	0.20			
Mentally Ill Residents	6.9	29.3	0.24	37.0	0.19	36.2	0.19	33.3	0.21			
General Medical Service Residents	21.5	24.7	0.87	21.0	1.02	22.5	0.96	20.5	1.05			
Impaired ADL (Mean)	40.0	48.5	0.82	49.2	0.81	49.3	0.81	49.3	0.81			
Psychological Problems	54.2	52.3	1.04	53.2	1.02	54.7	0.99	54.0	1.00			
Nursing Care Required (Mean)	8.2	6.8	1.20	6.9	1.18	6.7	1.21	7.2	1.13			